

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        | 11-200   |
| FORMALITY REVIEW          | T        | 502    | 12/13/00 |
| RESPONSE FORMALITY REVIEW | Rm       | 781    | 01-10-01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Final | Original | Date   |
|-------|-------|----------|--------|
| 1     | 3     | 3        | 1/1/01 |
| 2     | -     | -        |        |
| 3     | -     | ✓        |        |
| 4     | -     | ✓        |        |
| 5     | -     | ✓        |        |
| 6     | -     | ✓        |        |
| 7     | -     | ✓        |        |
| 8     | -     | ✓        |        |
| 9     | -     | ✓        |        |
| 10    | N     |          |        |
| 11    | -     |          |        |
| 12    | -     |          |        |
| 13    | -     |          |        |
| 14    | -     |          |        |
| 15    | ✓     | ✓        |        |
| 16    | -     |          |        |
| 17    | -     |          |        |
| 18    | -     |          |        |
| 19    | -     |          |        |
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| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51    | -     |          |      |
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| 68    | -     |          |      |
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| 70    | -     |          |      |
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| 86    | -     |          |      |
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| 89    | -     |          |      |
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| 99    | -     |          |      |
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| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101   | -     |          |      |
| 102   | -     |          |      |
| 103   | -     |          |      |
| 104   | -     |          |      |
| 105   | -     |          |      |
| 106   | -     |          |      |
| 107   | -     |          |      |
| 108   | -     |          |      |
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| 111   | -     |          |      |
| 112   | -     |          |      |
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| 114   | -     |          |      |
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| 123   | -     |          |      |
| 124   | -     |          |      |
| 125   | -     |          |      |
| 126   | -     |          |      |
| 127   | -     |          |      |
| 128   | -     |          |      |
| 129   | -     |          |      |
| 130   | -     |          |      |
| 131   | -     |          |      |
| 132   | -     |          |      |
| 133   | -     |          |      |
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| 138   | -     |          |      |
| 139   | -     |          |      |
| 140   | -     |          |      |
| 141   | -     |          |      |
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| 144   | -     |          |      |
| 145   | -     |          |      |
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| 147   | -     |          |      |
| 148   | -     |          |      |
| 149   | -     |          |      |
| 150   | -     |          |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy